

# TUBERCULOSIS CLINIC RECORD

## SNOHOMISH HEALTH DISTRICT

Last, First, MI _____		<b>OCCUPATION</b>	
Street _____		Unemployed	
City, State, Zip _____		1st Response	
DOB:    /    /    Age:    ____ M ____ F		HCW (pt. contact)	
SS# _____		Corrections	
Telephone Home: _____		Other: _____	
Message: _____		<b>EMPLOYER:</b> _____	
Insurance _____ PIC# _____		<b>DATE OF VISIT</b>	
		/    /	

<b>ALLERGIES</b>	
None	

<b>RACE / ETHNICITY</b>	
White	
Black	
Hispanic	
Asian/PI	
Native AM / AK Native	
Speaks English	
____ Yes ____ No	

<b>NATION OF ORIGIN</b>	
Alien # _____	
<b>DATE OF IMMIG</b>	
Month	Year
<b>DURATION IN WA STATE</b>	
Years	
<b>OTHER STATES/ COUNTRIES LIVED IN FOR &gt; 6 MONTHS ( Check Most Recent)</b>	

PMD: _____	
PMD Phone # _____	

<b>MARITAL STATUS:</b> S    M    D    W    Sep.	
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<b>REASON FOR REFERRAL</b>	
Symptoms of TB	
Refugee/Immigration Exam	
Source Case Finding	
Recent Contact (name): _____	
TB Suspect Referral	
Referred by PMD	
Occup. Screen	
Drug Rx Prog.	
Jail Referral	
Other (specify) _____	

<b>TOBACCO USE</b>	
Never	
Former:	
____ Pack Years	
Quit ____ Yrs. Ago	
Current:	
____ Pack Years	
Counseling/ Referral Given	

<b>Y    N    TB HISTORY</b>	
	Active TB
	Previous PPD+
	Anti-TB Meds
	Expo Active TB When?
	Other: _____

<b>HISTORY OF BCG:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, # years since last dose _____	

<b>SYMPTOMS</b>		<b>WK</b>
None		
Cough		
Sputum		
Hemoptysis		
Lymphadenopathy		
Hoarseness		
Chest Pain		
Dyspnea		
Fever		
Night Sweats		
Wt Loss:    lb		
Fatigue		
Anorexia		
Other: _____		

<b>HIV    C &amp; T</b>	
Most Recent Test - Date: _____	
Results: _____	
Declined to Test: _____	
<b>HIV RISK ASSES.</b>	
<b>Y    N</b>	<b>RISK</b>
	IDU (ever)
	Ptnr IDU
	MSM
	Prtnr MSM
	Prtnr HIV+
	Sex for \$/Drugs
	Child born to HIV +

<b>Y    N</b>	<b>MEDICAL HISTORY</b>
	Height _____ in
	Weight _____ lb
	≥10% Below Ideal Body Weight
	Diabetes _____ Insulin _____ Oral
	Renal Failure
	Silicosis
	Cancer _____ Heme _____ Lymph _____ Other
	Current Cancer Chemotherapy
	HIV Infection
	Other Immunosuppression
	HX Major GI Surgery /Bowel Resection
	Chronic Peptic Ulcer Disease
	IDU Ever    Last Injected
	Long Term Care Facility Resident
	Incarcerated Currently or in the Past
	Other

<b>RISK FACTORS FOR LIVER TOXICITY</b>	
Chronic Liver Disease	
Hx Hepatitis:    B    C    Other    Date	
Alcohol: ≥10 Drinks Per Week	
Other: _____	
<b>CURRENT MEDS: Agent, Dose &amp; Freq</b>	
Steroids:	
Antiseizure Meds:	
Anticoagulants	
Methadone:	
Other Medications:	

<b>Y    N</b>	<b>REPRODUCTIVE HEALTH</b>
	LMP Date _____
	Contraception Method:
	Pregnant: Trimester 1    2    3    No
	PP (weeks) _____

<b>REFUGEE EXAM</b>	
HGB	
BP	
Other	

<b>Sputum Collection:</b> Yes    No	
Date:    _____	
CXR appointment:    _____	
date    time	
<input type="checkbox"/> Recommend client for DOPT	
<input type="checkbox"/> Recommend client for self administered	

<b>COMMENTS</b>	

<b>PREVIOUS PPD HISTORY ( If Available)</b>				
TEST	DATE APPLIED	DATE READ	MM	Where Done
Next Previous				
Previous				
Most Recent				

<b>SHD PPD RECORD</b>				
Date/Time Applied	Date/Time Read	MM	MR	PR

Targeted Testing:    Project    Individual    Administrative			
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<b>STAFF SIGNATURE</b>	<b>DATE</b>
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Client Name

Birth Date

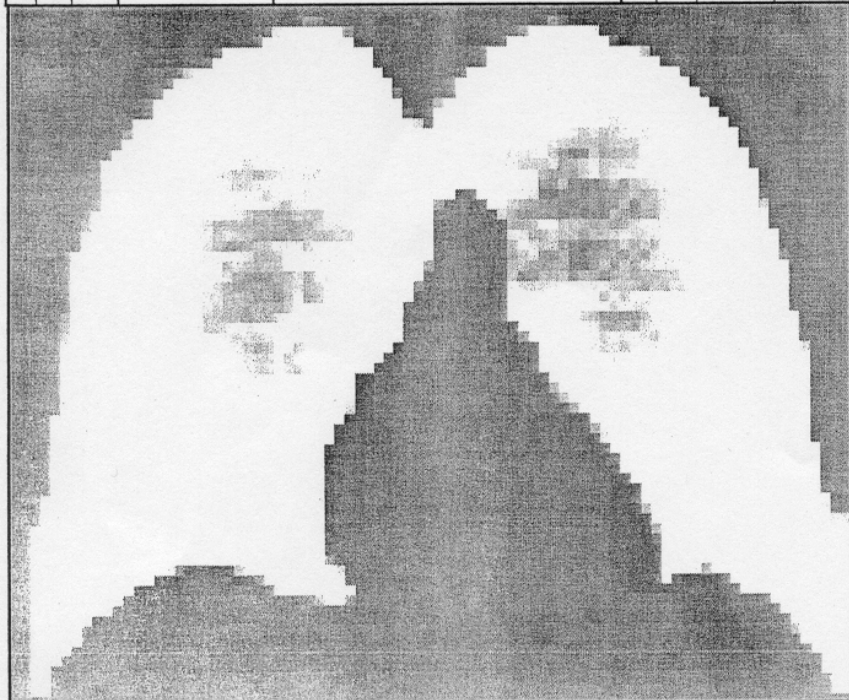
# TUBERCULOSIS CLINIC RECORD

SNOHOMISH HEALTH DISTRICT

## MD SECTION

### X-RAY

View			Date Taken	Where Taken	Results				If Abnormal	Status				
P/A	Lat	Other			NI	Abn	Not Done	Unknown	Cavitary	Non-Cavitary Consistent w/TB?	Stable	Worsening	Improving	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> consistent <input type="checkbox"/> not consist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P/A	Lat	Other			NI	Abn	Not Done	Unknown	Cavitary	Non-Cavitary Consistent w/TB?	Stable	Worsening	Improving	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> consistent <input type="checkbox"/> not consist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P/A	Lat	Other			NI	Abn	Not Done	Unknown	Cavitary	Non-Cavitary Consistent w/TB?	Stable	Worsening	Improving	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> consistent <input type="checkbox"/> not consist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### WORKING DIAGNOSIS / CLASSIFICATION

0: Not Exposed, Not Infected

1: Exposed, Not Infected

2: Latent TB Infection

3: Tuberculosis — Active Disease

4: Tuberculosis — Old, Inactive

5: Suspect

Other:

### Y N ADDITIONAL ORDERS

- ☐ Sputum x 3 for AFB
- ☐ F/U CXR:
  - \_\_\_ Cultures Final \_\_\_ End Therapy
  - Other: \_\_\_\_\_
- ☐ Isolate
- ☐ X-ray, Lordotic View
- ☐ Routine Medication Education
- ☐ Monthly Clinical Evaluation
- ☐ Hepatic Profile Baseline & Monthly
- ☐ CMP/CBC baseline & monthly
- ☐ F/U PPD 12 weeks after last exposure
- ☐ MD Office Visit
- ☐ MD or Nurse Exam at Rx start
- ☐ Refer to primary care for \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### INITIAL TREATMENT ORDERS

- ☐ None
- ☐ INH per protocol X 9 months
- ☐ B6 per protocol X 9 months
- ☐ \_\_\_\_\_
- ☐ Supervision: \_\_\_DOT \_\_\_Nurse Discretion
- ☐ Other

### SITES INVOLVED

- ☐ Not Applicable
- ☐ Pulmonary only
- ☐ Extra pulmonary only (site: \_\_\_\_\_)
- ☐ Pulmonary & Extra pulm. (site: \_\_\_\_\_)

### SHD MD COMMENTS

SHD MD SIGNATURE

DATE